ILLINOIS ARTICULATION INITIATIVE (IAI) GENERAL EDUCATION CORE CURRICULUM CERTIFICATION REQUEST

Please Print:	
Student Name	Colleague ID#/Social Security No.
Address	
City	State & Zip
Phone #	Email address
I wish to be evaluated for the completion completing in:	on of the Illinois General Education Core Curriculum (IAI) which I am
May/Spring (Ap	ply by April 15)
August/Summe	r (Apply by July 1)
December/Fall ((Apply by Nov. 15)
Student Signature:	
Today's Date:	
Please return this form to the Counseli	ng Office (CTC 202) for processing.
Thank You.	

(02/20)